

HEALTH SERVICES

| Budget Summary | | | | | | FTE Position Summary | | | | |
|----------------|--------------------------|-----------------|-----------------|--|-------|----------------------|----------|----------|-------------------------|-------|
| Fund | 2012-13 Adjusted Base | Request | | 2013-15 Change Over Base Year Doubled | | 2012-13 | Request | | 2014-15 Over 2012-13 | |
| | | 2013-14 | 2014-15 | Amount | % | | 2013-14 | 2014-15 | Number | % |
| GPR | \$2,824,510,600 | \$3,076,487,800 | \$3,219,836,600 | \$647,303,200 | 11.5% | 2,460.17 | 2,483.62 | 2,483.62 | 23.45 | 1.0% |
| FED | 4,863,191,700 | 4,957,375,500 | 5,105,777,100 | 336,769,200 | 3.5 | 1,137.56 | 1,164.18 | 1,164.18 | 26.62 | 2.3 |
| PR | 540,116,500 | 566,222,100 | 568,394,700 | 54,383,800 | 5.0 | 2,324.07 | 2,313.75 | 2,313.75 | - 10.32 | - 0.4 |
| SEG | 818,734,700 | 823,721,100 | 820,968,600 | 7,220,300 | 0.4 | 2.00 | 2.00 | 2.00 | 0.00 | 0.0 |
| TOTAL | \$9,046,553,500 | \$9,423,806,500 | \$9,714,977,000 | \$1,045,676,500 | 5.8% | 5,923.80 | 5,963.55 | 5,963.55 | 39.75 | 0.7% |

Major Request Items

Medical Assistance and Related Programs -- Benefits

1. OVERVIEW OF MA AND MA-RELATED PROGRAMS

This item presents an overview of the state's medical assistance (MA) program and related programs. Four tables are presented in this overview.

Table 1 summarizes the funding requested by the Department of Health Services (DHS) to support benefits under the MA and MA-related programs other than SeniorCare in the 2013-15 biennium, by fiscal year and funding source. As indicated, the MA and MA-related programs are supported primarily by federal MA matching funds (FED) and general purpose revenues (GPR). MA benefits are also supported by three segregated funds (SEG) -- the hospital assessment trust fund, the critical access hospital assessment trust fund, and the MA trust fund -- and by various program revenue (PR) sources. Several of those PR sources, including contributions counties make to support Family Care and funds the University of Wisconsin transfers to DHS to support services provided to MA participants at UW Hospital, are used in lieu of GPR to fund the non-federal share of those expenditures. Several other PR sources, such as amounts the Department obtains through its estate recovery efforts and premiums paid by certain MA participants, are used to proportionately reduce the GPR and FED otherwise needed to fund MA expenditures in general.

The requested amounts shown in Table 1 are net of several items used to offset payments made to MA service providers. The largest of these offsetting items are the rebates obtained from drug manufacturers whose prescription drugs the program purchases on behalf of MA participants. Once received, those rebates are used to proportionately reduce the amount of GPR and FED needed to fund MA benefit expenditures; the rebates are not classified as PR in the

Department's MA base reestimate request nor are they included as PR in Table 1. A similar accounting treatment is applied to amounts collected as a result of provider audits and amounts recovered from other payment sources such as participants' other insurance coverage.

Table 2 shows actual and projected average monthly enrollment in the MA and MA-related programs, by major eligibility group. Individuals enrolled in Family Care and other home- and community-based waiver programs are included in the "Elderly" and "Disabled" enrollment totals. Note that Table 2 understates the number of elderly individuals participating in MA because the Department's eligibility reports, in order to avoid count duplication, classify some individuals who are both elderly and disabled as only being "Disabled" for these purposes.

TABLE 1**Summary of Medicaid and BadgerCare Plus Benefits Funding**

| | 2013-14 | | | | |
|--|--------------------|--------------------|---------------|---------------|-------------------|
| | <u>GPR</u> | <u>FED</u> | <u>PR</u> | <u>SEG</u> | <u>Total</u> |
| Base Funding* | \$2,015,761,200 | \$4,267,830,700 | \$122,597,000 | \$676,423,300 | \$7,082,612,200 |
| Funding Required to Maintain Current Program (Cost- to -Continue) | | | | | |
| Reestimates Relating to Projected Caseload and Intensity | \$149,626,900 | \$169,061,900 | \$21,035,700 | \$4,984,600 | \$344,709,100 |
| Reestimates Relating to Federal Matching Rate and Federal Program Payments | <u>104,944,200</u> | <u>-80,302,900</u> | <u>0</u> | <u>0</u> | <u>24,641,300</u> |
| Subtotal | \$254,571,100 | \$88,759,000 | \$21,035,700 | \$4,984,600 | \$369,350,400 |
| Program Integrity Initiatives | | | | | |
| Third-Party Liability -- Program Enhancements | -\$256,700 | -\$104,500 | \$0 | \$0 | -\$361,200 |
| MA Eligibility -- Electronic Residency Verification | -3,053,000 | -4,397,000 | 0 | 0 | -7,450,000 |
| MA Payment Accuracy -- Certified Medical Coder Position | <u>-512,300</u> | <u>-737,800</u> | <u>0</u> | <u>0</u> | <u>-1,250,100</u> |
| Subtotal | -\$3,822,000 | -\$5,239,300 | \$0 | \$0 | -\$9,061,300 |
| Total Funding for MA Benefits in DHS Request | \$2,266,510,300 | \$4,351,350,400 | \$143,632,700 | \$681,407,900 | \$7,442,901,300 |
| Change to Base | | | | | |
| Amount | \$250,749,100 | \$83,519,700 | \$21,035,700 | \$4,984,600 | \$360,289,100 |
| Percent | 12.4% | 2.0% | 17.2% | 0.7% | 5.1% |
| | 2014-15 | | | | |
| | <u>GPR</u> | <u>FED</u> | <u>PR</u> | <u>SEG</u> | <u>Total</u> |
| Base Funding* | \$2,015,761,200 | \$4,267,830,700 | \$122,597,000 | \$678,059,000 | \$7,084,247,900 |
| Funding Required to Maintain Current Program (Cost-to-Continue) | | | | | |
| Reestimates Relating to Projected Caseload and Intensity | \$252,640,500 | \$336,917,100 | \$18,740,500 | \$2,231,800 | \$610,529,900 |
| Reestimates Relating to Federal Matching Rate and Federal Program Payments | <u>142,825,300</u> | <u>-91,866,700</u> | <u>0</u> | <u>0</u> | <u>50,958,600</u> |
| Subtotal | \$395,465,800 | \$245,050,400 | \$18,740,500 | \$2,231,800 | \$661,488,500 |
| Program Integrity Initiatives | | | | | |
| Third-Party Liability -- Program Enhancements | -\$3,102,700 | -\$3,902,900 | \$0 | \$0 | -\$7,005,600 |
| MA Eligibility -- Electronic Residency Verification | -6,140,300 | -8,759,700 | 0 | 0 | -14,900,000 |
| MA Payment Accuracy -- Certified Medical Coder Position | <u>-1,024,500</u> | <u>-1,475,500</u> | <u>0</u> | <u>0</u> | <u>-2,500,000</u> |
| Subtotal | -\$10,267,500 | -\$14,138,100 | \$0 | \$0 | -\$24,405,600 |
| Total Funding for MA Benefits in DHS Request | \$2,400,959,500 | \$4,498,743,000 | \$141,337,500 | \$680,290,800 | \$7,721,330,800 |
| Change to Base | | | | | |
| Amount | \$385,198,300 | \$230,912,300 | \$18,740,500 | \$2,231,800 | \$637,082,900 |
| Percent | 19.1% | 5.4% | 15.3% | 0.3% | 9.0% |

*Adjusted to eliminate duplication of revenues transferred from the hospital assessment fund and the critical access hospital assessment fund. This adjustment results in an increase in estimated available "base" SEG funding of \$1,635,700 in 2014-15 due to the difference between federal matching rates in those years.

TABLE 2

Average Monthly Enrollment (Actual and Projected) for MA and MA-Related Programs

| | Actual | | | | Projected | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | <u>2008-09</u> | <u>2009-10</u> | <u>2010-11</u> | <u>2011-12</u> | <u>2012-13</u> | <u>2013-14</u> | <u>2014-15</u> |
| Elderly | 38,100 | 37,900 | 37,500 | 36,800 | 36,700 | 36,200 | 35,600 |
| % Change from Prior Year | | -0.5% | -1.1% | -1.9% | -0.3% | -1.4% | -1.7% |
| Disabled | | | | | | | |
| MA Only | 78,600 | 85,300 | 88,600 | 89,900 | 92,200 | 94,100 | 96,000 |
| MA/Medicare Dual Eligibles | <u>74,400</u> | <u>75,600</u> | <u>80,500</u> | <u>85,100</u> | <u>89,100</u> | <u>93,700</u> | <u>98,500</u> |
| Total Disabled | 153,000 | 160,900 | 169,100 | 175,000 | 181,300 | 187,800 | 194,500 |
| % Change from Prior Year | | 5.2% | 5.1% | 3.5% | 3.6% | 3.6% | 3.6% |
| BadgerCare Plus | | | | | | | |
| Children | 392,600 | 442,300 | 466,900 | 477,500 | 481,300 | 487,200 | 493,000 |
| Adults | 204,600 | 241,000 | 258,600 | 264,200 | 245,600 | 242,100 | 244,600 |
| Pregnant Women | <u>20,600</u> | <u>21,000</u> | <u>21,400</u> | <u>20,800</u> | <u>20,900</u> | <u>21,100</u> | <u>21,400</u> |
| Total BadgerCare Plus | 617,800 | 704,300 | 746,900 | 762,500 | 747,800 | 750,400 | 759,000 |
| % Change from Prior Year | | 14.0% | 6.0% | 2.1% | -1.9% | 0.3% | 1.1% |
| BadgerCare Plus Core Plan | 12,000 | 56,000 | 45,100 | 28,900 | 20,600 | 16,100 | 12,700 |
| % Change from Prior Year | | 366.7% | -19.5% | -35.9% | -28.7% | -21.8% | -21.1% |
| BadgerCare Plus Basic Plan | 0 | 0 | 4,390 | 3,020 | 1,860 | 1,860 | 1,860 |
| % Change from Prior Year | | | | -31.2% | -38.4% | 0.0% | 0.0% |
| Foster Children | 16,100 | 16,800 | 17,200 | 17,400 | 17,700 | 17,900 | 18,100 |
| % Change from Prior Year | | 4.3% | 2.4% | 1.2% | 1.7% | 1.1% | 1.1% |
| Well Woman MA | 570 | 660 | 780 | 880 | 950 | 1,060 | 1,180 |
| % Change from Prior Year | | 15.8% | 18.2% | 12.8% | 8.0% | 11.6% | 11.3% |
| Family Planning Only Services | 48,200 | 50,100 | 58,900 | 67,300 | 74,600 | 78,300 | 79,900 |
| % Change from Prior Year | | 3.9% | 17.6% | 14.3% | 10.8% | 5.0% | 2.0% |
| Limited Benefit Medicare Beneficiaries | 14,000 | 15,800 | 18,100 | 19,800 | 21,000 | 22,900 | 24,900 |
| % Change from Prior Year | | 12.9% | 14.6% | 9.4% | 6.1% | 9.0% | 8.7% |
| Total MA Enrollment | 899,770 | 1,042,460 | 1,097,970 | 1,111,600 | 1,102,510 | 1,112,520 | 1,127,740 |
| % Change from Prior Year | | 15.9% | 5.3% | 1.2% | -0.8% | 0.9% | 1.4% |

Table 3 shows actual and projected revenues to and expenditures from the segregated MA trust fund under the Department's 2013-15 budget request.

TABLE 3
MA Trust Fund Condition Statement

| | <u>Actual</u> | | <u>Projected</u> | | |
|--|-------------------|----------------|------------------|----------------|----------------|
| | <u>2010-11</u> | <u>2011-12</u> | <u>2012-13</u> | <u>2013-14</u> | <u>2014-15</u> |
| Beginning Balance | \$497,400 | \$4,970,900 | \$10,046,100 | \$0 | \$0 |
| Revenues | | | | | |
| Transfer from Other Funds | | | | | |
| Hospital Assessment Fund | \$202,312,000 | \$146,834,800 | \$139,220,500 | \$138,444,200 | \$136,849,400 |
| Critical Access Hospital Fund | 6,172,100 | 4,908,800 | 3,150,900 | 3,551,300 | 3,510,400 |
| Permanent Endowment Fund | 50,000,000 | 50,000,000 | 50,000,000 | 50,000,000 | 50,000,000 |
| Provider Taxes Deposited Directly to MA Trust Fund | | | | | |
| Nursing Home Bed Assessment | \$80,723,700 | \$79,980,000 | \$79,401,100 | \$78,415,100 | \$77,309,100 |
| Ambulatory Surgical Center Assessment | 16,600,000 | 16,618,100 | 16,600,000 | 16,600,000 | 16,600,000 |
| Federal MA Funds Deposited to MA Trust Fund | | | | | |
| Wisconsin Medicaid Cost Reporting | \$0 | \$0 | \$15,738,900 | \$17,000,000 | \$17,000,000 |
| HealthCheck-Eligible Services Provided by Residential Care Centers | 9,500,000 | 7,870,900 | 7,000,000 | 7,000,000 | 7,000,000 |
| Nursing Home Certified Public Expenditure Program | 53,477,200 | 54,388,200 | 48,884,000 | 48,139,400 | 47,944,800 |
| Hospital Certified Public Expenditure Program | 8,883,900 | 6,589,200 | 5,400,000 | 5,400,000 | 5,400,000 |
| Claims for County-Supported Services During Period of Enhanced Federal Match | 6,645,100 | 0 | 0 | 0 | 0 |
| Claims for Services Provided by UW Physicians Transferred from UW System | 25,000,000 | 16,721,400 | 17,000,000 | 33,998,200 | 34,181,700 |
| Revenue Reductions | | | | | |
| Interest to the General Fund | -\$204,100 | -\$50,300 | -\$231,600 | -\$231,600 | -\$231,600 |
| Required Transfer to the General Fund | <u>-7,021,400</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| Net Revenue | \$452,088,500 | \$383,861,100 | \$382,163,800 | \$398,316,600 | \$395,563,800 |
| Expenditures | \$447,615,000 | \$378,785,900 | \$392,209,900 | \$398,316,600 | \$395,563,800 |
| Ending Balance | \$4,970,900 | \$10,046,100 | \$0 | \$0 | \$0 |

Table 4 summarizes the total funding requested by DHS for capitation payments to managed care organizations (MCOs) in counties where Family Care is available. These MCOs serve individuals in the Family Care, Family Care Partnership, and PACE waiver programs. Funding for services provided under the IRIS (Include, Respect I Self-Direct) program is budgeted as part of an appropriation that funds MA long-term care waiver benefits, and is therefore excluded from the amounts shown in Table 4. The amounts shown in Table 4 are also included in the Department's overall MA benefits funding request summarized in Table 1.

TABLE 4**Payments to Managed Care Organizations in Family Care Counties**

| | <u>GPR</u> | <u>FED</u> | <u>PR</u> | <u>Total</u> |
|--|-------------------|--------------------|--------------|-----------------|
| 2011-12 | | | | |
| Base Funding | \$507,588,600 | \$834,826,700 | \$41,575,400 | \$1,383,990,700 |
| Cost-to-Continue | | | | |
| Reestimates Relating to Projected Caseload and Intensity | 91,083,500 | 139,135,900 | -3,501,600 | 226,717,800 |
| Reestimates Relating to Federal Matching Rate | <u>23,250,500</u> | <u>-23,250,500</u> | <u>0</u> | <u>0</u> |
| Total Funding Requested | \$621,922,600 | \$950,712,100 | \$38,073,800 | \$1,610,708,500 |
| Percent Change to Base | 22.5% | 13.9% | -8.4% | 16.4% |
| 2012-13 | | | | |
| Base Funding | \$507,588,600 | \$834,826,700 | \$41,575,400 | \$1,383,990,700 |
| Cost-to-Continue | | | | |
| Reestimates Relating to Projected Caseload and Intensity | 128,841,700 | 194,850,300 | -5,533,500 | 318,158,500 |
| Reestimates Relating to Federal Matching Rate | <u>29,032,600</u> | <u>-29,032,600</u> | <u>0</u> | <u>0</u> |
| Total Funding Requested | \$665,462,900 | \$1,000,644,400 | \$36,041,900 | \$1,702,149,200 |
| Percent Change to Base | 31.1% | 19.9% | -13.3% | 23.0% |

2. MA COST TO CONTINUE

Request \$368,805,300 (\$258,884,000 GPR, \$88,759,000 FED, \$16,177,700 PR, and \$4,984,600 SEG) in 2013-14 and \$660,859,900 (\$399,778,700 GPR, \$245,050,400 FED, \$13,799,000 PR, and \$2,231,800 SEG) in 2014-15 to fund projected costs of providing benefits under the state's medical assistance (MA) and MA-related programs (excluding SeniorCare) during the 2013-15 biennium.

| | |
|-------|------------------|
| GPR | \$658,662,700 |
| FED | 333,809,400 |
| PR | 29,976,700 |
| SEG | <u>7,216,400</u> |
| Total | \$1,029,665,200 |

The funding requested in this item is based on MA caseload and intensity projections developed by DHS for the 2013-15 biennium. Those projections assume that current law pertaining to the MA program will remain in effect throughout the 2013-15 biennium. For these purposes, "current law" includes changes to the BadgerCare Plus program that were approved by the Legislature's Joint Committee on Finance and the federal Centers for Medicare and Medicaid Services (CMS) that went into effect July 1, 2012. Those changes relate primarily to the premiums and "other insurance" rules for non-pregnant, non-disabled adults in the program with incomes greater than 133% of the federal poverty level. The Department's projections assume that any approvals needed to keep those changes in effect throughout the 2013-15 biennium will be obtained. Current law also includes continued enrollment in the Family Care, Family Care Partnership, PACE, and IRIS programs since the enrollment cap for those programs was lifted on April 3, 2012. The Department's request does not include an expansion of Family Care and related programs into additional counties during the 2013-15 biennium.

This item does not reflect any program eligibility, enrollment, or benefit changes that might occur if certain provisions of the federal Patient Protection and Affordable Care Act (ACA) are implemented in Wisconsin. Those provisions include the possible expansion of MA coverage to low-income, non-pregnant, non-elderly adults without dependent children.

The Department's request incorporates a projected change in the state's federal medical assistance percentage (FMAP). Each state's FMAP is adjusted annually based on a formula in federal law that compares the state's per capita income to national per capita income. The 2011-13 budget assumed that Wisconsin's standard FMAP in 2012-13 would be 60.32%, meaning that federal matching funds were expected to finance 60.32% of most eligible MA benefit expenditures during that year. This item assumes that the state's standard FMAP will decline to 59.02% in 2013-14 and to 58.79% in 2014-15.

Factors Contributing to Projected GPR Funding Increase for MA Benefits. DHS has identified the following major factors contributing to the \$650.0 million GPR funding increase DHS requests for MA benefits for the 2013-15 biennium.

a. \$247.7 million GPR over the biennium to reflect projected decreases in the state's FMAP (\$196.4 million), a projected increase in MA payments to CMS that partially support Medicare Part D drug benefits for dually-eligible enrollees (\$34.3 million), and projected increases in the cost to the MA program of paying Medicare premiums for dual eligibles (\$17.0 million);

b. \$193.8 million GPR over the biennium to support net additional costs relating to Family Care benefits, including the costs of enrollment growth projected to occur in 2012-13 that exceeds the enrollment cap established in Act 32 (\$64.0 million), the costs of enrollment growth in the 2013-15 biennium that exceeds the projected 2012-13 enrollment level (\$120.8 million), and GPR required to offset declining county contributions to support Family Care costs (\$9.0 million);

c. \$170.9 million GPR over the biennium to fund increases in capitation payments to managed care organizations (\$67.5 million), costs of services provided on a fee-for-service basis (\$62.2 million), an additional weekly payment for services that will occur in 2014-15 (\$20.0 million), projected cost settlements for federally qualified health centers, which are fully reimbursed for their costs of serving MA recipients (\$16.5 million), and declines in provider assessments and claims under the current certified public expenditure programs (\$4.7 million);

d. \$37.6 million GPR to support other projected cost increases not included in the amounts described above.

Effect on MA and Non-MA Appropriations. The amounts requested under this item affect appropriations that are identified as part of the MA budget, and other DHS appropriations that are not usually included in describing the MA budget but are affected by the MA-related programs. The latter group includes appropriations that fund the GPR-supported community options program, community aids, and the BadgerCare Basic health plan.

MA Benefits Funding: Request increased funding of \$369,350,400 (\$254,571,100 GPR, \$88,759,000 FED, \$21,035,700 PR, and \$4,984,600 SEG) in 2013-14 and \$661,488,500 (\$395,465,800 GPR, \$245,050,400 FED, \$18,740,500 PR, and \$2,231,800 SEG) in 2014-15 for MA benefits.

Adjustments to Other Appropriations: Request decreases in funding of \$545,100 (\$4,312,900 GPR and -\$4,858,000 PR) in 2013-14 and \$628,600 (\$4,312,900 GPR and -\$4,941,500 PR) in 2014-15 for appropriations related to the MA program but which are not usually included when defining the budget for MA benefit expenditures.

3. SENIORCARE REESTIMATE

Request decreases in funding of \$27,650,000 (-\$10,196,400 GPR, -\$13,647,900 FED, and -\$3,805,700 PR) in 2013-14 and \$24,018,500 (-\$9,307,300 GPR, -\$13,043,800 FED, and -\$1,667,400 PR) in 2014-15 for SeniorCare benefits.

| | |
|-------|----------------|
| GPR | - \$19,503,700 |
| FED | - 26,691,700 |
| PR | - 5,473,100 |
| Total | - \$51,668,500 |

SeniorCare provides prescription drug benefits to Wisconsin residents who are age 65 or older and who are not eligible for full benefits under medical assistance. The program has four benefit levels based on the participant's income. Level 1 is for individuals with incomes not greater than 160% of the federal poverty level (FPL). These participants do not have a deductible. Level 2a is for individuals with incomes greater than 160% of the FPL but not greater than 200% of the FPL. These participants have a \$500 annual deductible. Level 2b is for individuals with incomes greater than 200% of the FPL but not greater than 240% of the FPL. These participants have an \$850 annual deductible. Level 3 is for individuals with incomes greater than 240% of the FPL. These participants must first "spend down" by incurring prescription drug costs equal to the difference between their income and 240% of the FPL. After Level 3 participants satisfy the spend down requirement they have an \$850 annual deductible.

Once a SeniorCare participant meets their annual deductible, if any, they can obtain prescription drugs covered by the program by paying a \$5 copayment for generic drugs and a \$15 copayment for brand-name drugs. Participants also pay a \$30 annual enrollment fee.

Participants in Levels 1 and 2a are part of the SeniorCare waiver program, which operates under the terms of a waiver agreement between DHS and the federal Centers for Medicare and Medicaid Services (CMS). Under that waiver agreement, the state receives federal MA matching funds to help support benefit costs for participants with incomes not greater than 200% of the FPL. SeniorCare benefits are also funded in part by GPR and by rebates the state receives from drug manufacturers. Those drug rebates are reflected as program revenues (PR).

The current SeniorCare waiver expires on December 31, 2012. On August 31, 2012, DHS submitted a formal request to CMS to extend the waiver through December 31, 2015. As of the date of its agency funding request, DHS had not received a final determination from CMS regarding the extension of the SeniorCare waiver. The Department's funding request assumes the waiver will be extended through the entirety of the 2013-15 biennium.

The requested funding decrease for SeniorCare largely reflects the fact that projected expenditures in 2012-13 of \$89,905,700 (all funds) are significantly less than the base year funding of \$120,647,000 (all funds). DHS has identified two primary factors contributing to the less-than-budgeted spending in 2012-13: (a) participants' increased utilization of Medicare Part D (which thereby reduces SeniorCare expenditures for those participants); and (b) a decline in participants' overall prescription drug utilization. The agency's request assumes those trends will moderate in the upcoming biennium, resulting in total projected benefit expenditures of \$92,997,000 (all funds) in 2013-14 and \$96,628,500 (all funds) in 2014-15.

SeniorCare enrollment has been relatively constant in recent years. The Department's request assumes that will continue over the near term, with projected annual enrollment increases of 0.5% in 2013-14 and 0.9% in 2014-15.

The expenditure and enrollment trends incorporated in the Department's 2013-15 SeniorCare request are shown in the tables below.

TABLE 1

**DHS 2013-15 Funding Request for SeniorCare
Benefit Expenditures**

| | <u>Base Year Funding</u> | <u>DHS Request 2013-14</u> | <u>DHS Request 2014-15</u> | <u>Total DHS Funding Request 2013-15</u> | <u>Change to Base Year Doubled</u> |
|-------|------------------------------|------------------------------------|------------------------------------|--|--|
| GPR | \$30,880,200 | \$20,683,800 | \$21,572,900 | \$42,256,700 | -\$19,503,700 |
| FED | 31,689,100 | 18,041,200 | 18,645,300 | 36,686,500 | -26,691,700 |
| PR | <u>58,077,700</u> | <u>54,272,000</u> | <u>56,410,300</u> | <u>110,682,300</u> | <u>-5,473,100</u> |
| Total | \$120,647,000 | \$92,997,000 | \$96,628,500 | \$189,625,500 | -\$51,668,500 |

TABLE 2

**Actual and Projected Average Weekly SeniorCare Enrollment
by Participation Level, 2011-12 through 2014-15**

| <u>SeniorCare Participation Level</u> | <u>2011-12 Actual</u> | <u>2012-13 Projected</u> | <u>2013-14 Projected</u> | <u>2014-15 Projected</u> |
|---------------------------------------|---------------------------|------------------------------|------------------------------|------------------------------|
| Level 1 (0-160% FPL) | 37,400 | 36,400 | 36,600 | 36,900 |
| Level 2a (>160% to 200% FPL) | 19,500 | 19,100 | 19,100 | 19,300 |
| Level 2b (>200% to 240% FPL) | 10,900 | 10,500 | 10,600 | 10,700 |
| Level 3 (>240% FPL) | <u>19,900</u> | <u>20,700</u> | <u>20,800</u> | <u>21,000</u> |
| Total Enrollment | 87,700 | 86,700 | 87,100 | 87,900 |
| % Change from Prior Year | | -1.1% | 0.5% | 0.9% |

4. FAMILY CARE -- AGING AND DISABILITY RESOURCE CENTERS

| | |
|-----|-------------|
| FED | \$6,978,200 |
|-----|-------------|

Request \$3,183,700 (-\$295,900 GPR and \$3,479,600 FED) in 2013-14 and \$3,794,500 (\$295,900 GPR and \$3,498,600 FED) in 2014-15 for the following purposes: (a) to provide 12 months of funding in each year of the 2013-15 biennium for disability benefit specialists at aging and disability resource centers (ADRCs) that began offering services in the 2011-13 biennium, for which partial year funding was budgeted in 2012-13; and (b) to reflect reestimates of the amount of federal matching funds that are currently available to support the costs of operating ADRCs.

The Department anticipates carrying forward \$539,200 GPR from funding budgeted for ADRC services in the 2011-13 biennium to fund the projected GPR need in the 2013-15 biennium. The availability of this carryover funding would permit DHS to reduce base GPR funding for ADRC contracts in 2013-14 and increase GPR funding in 2014-15, resulting in no GPR increase to support ADRCs in the 2013-15 biennium. Base funding for the ADRC services is \$50,388,100 [\$37,779,500 GPR, \$877,400 FED (Social Services Block Grant) and \$11,731,200 FED (MA - Administration)].

As of December 1, 2012, ADRCs were operating in 69 counties. DHS anticipates ADRCs will begin operating in Door and Florence Counties on January 1, 2013, and in Rock County on March 1, 2013. DHS reimburses ADRCs for their operations costs, subject to an upper reimbursement limit. DHS determines the reimbursement limit for each ADRC based on the proportion of the state's adult population living in the ADRC's service area and the activities the ADRC is required to perform. The reimbursement limit is \$487,301 per 1% of the population served by the ADRC. ADRCs with costs that exceed the state's reimbursement limit are responsible for funding approximately 72% of costs that exceed the reimbursement limit, as DHS claims federal (MA-administration) matching funds to support approximately 28% of these costs.

Medical Assistance and Related Programs -- Administration

1. MA ELIGIBILITY -- ELECTRONIC RESIDENCY VERIFICATION

| | |
|-------|----------------|
| GPR | - \$8,429,100 |
| FED | - 12,057,000 |
| Total | - \$20,486,100 |

Request a decrease of \$6,312,300 (-\$2,638,800 GPR and -\$3,673,500 FED) in 2013-14 and a decrease of \$14,173,800 (-\$5,790,300 GPR and -\$8,383,500 FED) in 2014-15 to reflect the net fiscal effect of implementing an electronic state residency verification system. This item includes the following components.

Statutory Change. Require individuals who apply for, or renew their eligibility for MA benefits to provide verification of residency if: (a) the individual's residency was not previously verified for FoodShare or TANF benefits; (b) the individual does not reside in an MA-funded Wisconsin care facility; or (c) the individual is not in foster care; and (d) if the individual's residency information is not electronically verifiable.

Create and Operate a Data Exchange with DOT or Another Entity. Request \$994,400 (\$339,700 GPR and \$654,700 FED) in 2013-14 and \$439,600 (\$201,000 GPR and \$238,600 FED) in 2014-15 to fund modifications to the client assistance for re-employment and economic support (CARES) system to enable income maintenance workers to make queries of DOT motor vehicles records and for CARES to accept data from DOT or some other electronic database. This funding would also support ongoing CARES costs and payments to DOT or other entity to support the data exchange.

Income Maintenance and Miles Costs. Request \$143,300 (\$74,500 GPR and \$68,800 FED) in 2013-14 and \$286,600 (\$149,000 GPR and \$137,600 FED) in 2014-15 to support estimates of the costs of verifying information by county income maintenance staff and staff at Milwaukee Enrollment Services (Miles).

Medical Assistance Benefits Savings. Request a reduction of MA benefits funding of \$7,450,000 (-\$3,053,000 GPR and -\$4,397,000 FED) in 2013-14 and a reduction of \$14,900,000 (-\$6,140,300 GPR and -\$8,759,700 FED) in 2014-15 to reflect DHS estimates of MA benefits savings that would result by implementing an electronic state residency verification system.

Current rules specify that MA applicants must be present in the state and express the intent of residing in the state in order to meet the program's residency requirements, Income maintenance staff request verification in certain cases, including when an applicant provides conflicting information or indicates they recently resided or received benefits in another state. However, there is currently no mechanism for electronic verification of state residency.

2. THIRD PARTY LIABILITY

Request \$875,400 (\$281,500 GPR and \$593,900 FED) in 2013-14 and a decrease of \$5,531,000 (-\$2,463,400 GPR and -\$3,067,600 FED) in 2014-15 and 18.0 additional positions (7.88 GPR positions and 10.12 FED positions), beginning in 2013-14, to reflect the net effect of increasing efforts to identify and collect Medicare and private health insurance liabilities to support health services that would otherwise be funded by MA, and to identify MA recipients who could be enrolled in the health insurance premium payment (HIPP) program. This item includes the following components.

| | Funding | Positions |
|-------|---------------|-----------|
| GPR | - \$2,181,900 | 7.88 |
| FED | - 2,473,700 | 10.12 |
| Total | - \$4,655,600 | 18.00 |

State Staff. Request \$1,086,200 (\$463,200 GPR and \$623,400 FED) in 2013-14 and \$1,324,600 (\$564,300 GPR and \$760,300 FED) in 2014-15 to fund 17.5 positions in the Division of Health Care Access and Accountability and 0.5 position in the Office of Legal Council to improve third party liability and collections (6.5 positions) and to centralize subrogation

activities for MA fee-for service and SSI-related populations (11.5 positions) Subrogation refers to the process of recovering funds initially paid by MA from responsible third parties such as automobile insurance, homeowner's insurance, and medical malpractice policies. Under the request, income maintenance consortia and contracted staff would no longer perform subrogation functions.

MA Benefits. Reduce MA benefits funding by \$361,200 (-\$256,700 GPR and -\$104,500 FED) in 2013-14 and by \$7,056,000 (-\$3,102,700 GPR and -\$3,902,900 FED) and to reflect estimated savings resulting from: (a) reductions in collections retained by a contracted vendor and county income maintenance consortia for performing subrogation activities (-\$256,700 GPR and -\$104,500 FED in 2013-14 and -\$513,400 GPR and -\$208,900 FED in 2014-15); (b) increased collections as subrogation functions are transitioned to state staff (-\$237,000 GPR and -\$338,100 FED in 2014-15); and (c) increased collections resulting from increasing state staff and requiring insurers to accept electronic claims transactions from the MA program (-\$2,352,300 GPR and -\$3,355,800 FED).

Contracted Services. Request \$150,000 (\$75,000 GPR and \$75,000 FED) annually to fund information technology systems changes provided by a contracted entity.

Statutory Change. Request a statutory change to require insurers to accept electronic claims transactions from the MA program.

3. CERTIFIED MEDICAL CODER POSITION

Request a reduction of \$1,179,100 (-\$476,800 GPR and -\$702,300 FED) in 2013-14 and a reduction of \$2,412,400 (-\$980,700 GPR and -\$1,431,700 FED) in 2014-15 to reflect the estimated net savings that would result by authorizing 1.0 additional position (0.5 GPR position and 0.5 FED position), beginning in 2013-14, to review DHS reimbursement policies and to ensure accuracy in the medical procedure code DHS uses as the basis for reimbursing health care providers. This item includes: (a): funding to support a certified medical coder (\$35,500 GPR and \$35,500 FED) in 2013-14 and \$43,800 GPR and \$43,800 FED in 2014-15; and (b) a reduction in MA benefits funding (-\$512,300 GPR and -\$737,800 FED in 2013-14 and -\$1,024,500 GPR and -\$1,475,500 FED in 2014-15).

| | |
|-------|---------------|
| GPR | - \$1,457,500 |
| FED | - 2,134,000 |
| Total | - \$3,591,500 |

4. FUNERAL AND CEMETERY AIDS

Request \$1,274,900 in 2013-14 and \$1,704,700 in 2014-15 to fund projected increases in costs of funeral and cemetery services to certain indigent individuals who were enrolled in MA or participating in Wisconsin Works at the time of their death. Under the program, the state pays the lesser of either: (a) the amount not covered by the estate or other persons; or (b) \$1,000 for cemetery reimbursement and \$1,500 for funeral and burial expenses. However, the program does not pay any funeral, burial or cemetery expenses if the total expenses for funeral services exceeds \$4,500 or if the total expenses for cemetery services exceed \$3,500. Base funding for the program is \$8,594,000 GPR annually.

| | |
|-----|-------------|
| GPR | \$2,979,600 |
|-----|-------------|

Facilities, Supplemental Security Income, and Public Health

1. SUPPLIES AND SERVICES FOR RESIDENTS AT DHS FACILITIES

| | |
|-------|--------------------|
| GPR | \$6,398,000 |
| PR | <u>- 1,092,500</u> |
| Total | \$5,305,500 |

Request \$747,900 (\$1,464,000 GPR and -\$716,100 PR) in 2013-14 and \$4,557,600 (\$4,934,000 GPR and -\$376,400 PR) in 2014-15 to reflect DHS estimates of the cost of providing supplies and services, other than food, for residents at the Centers for People with Developmental Disabilities, the Mental Health Institutes, the Wisconsin Resource Center, and the Sand Ridge Secure Treatment Center. DHS uses this funding to support medical services and supplies (including hospitalizations, diagnostic testing, and outpatient medical visits), drugs, clothing, and other supplies.

2. MENTAL HEALTH INSTITUTES FUNDING SPLIT

| | Funding | Positions |
|-------|--------------------|---------------|
| GPR | \$3,836,400 | 6.14 |
| PR | <u>- 3,836,400</u> | <u>- 6.14</u> |
| Total | \$0 | 0 |

Request \$1,918,200 GPR and reduce funding by \$1,918,200 PR annually, and convert 6.14 PR positions to GPR positions, beginning in 2013-14, to adjust funding at the mental health institutes (MHIs) to reflect a decrease in the percentage of patients whose care is funded from program revenue, rather than GPR.

The share of MHI costs funded by GPR and PR is based on the composition of the patient population. The state is responsible for the cost of caring for forensic patients, which it funds with GPR. The cost of caring for other patients is funded from program revenues paid by counties and third-party payers, including medical assistance (MA) for MA-eligible populations. The following table identifies the DHS estimates of the composition of the MHI patient population in the 2013-15 biennium.

Percentage of Patients, By MHI and Funding Source 2013-14 and 2014-15

| | Billable (PR) | Nonbillable (GPR) |
|--|------------------|----------------------|
| Winnebago Mental Health Institute | | |
| Forensic | 7% | 93% |
| Civil -- Children | 100 | 0 |
| Civil -- Adults | 90 | 10 |
| Institutionwide | 35% | 65% |
| Mendota Mental Health Institute | | |
| Forensic | 4% | 96% |
| Civil -- Children | 0 | 0 |
| Civil -- Adults | 93 | 7 |
| Mendota Juvenile Treatment Center | 0 | 100 |
| Institutionwide | 14% | 86% |

3. **CONTRACTED SERVICES FOR MENTAL HEALTH CLIENTS**

| | |
|-----|-------------|
| GPR | \$2,723,900 |
|-----|-------------|

Request \$1,013,900 in 2013-14 and \$1,710,000 in 2014-15 to fund projected increases in the costs of certain contracted services for mental health clients served by DHS facilities.

Supervised Release. Request \$919,900 in 2013-14 and \$1,415,600 in 2014-15 to fund projected increases in the costs of treating individuals who are committed as sexually violent persons under Chapter 980 of the statutes and who have been released by the court under the supervision of DHS. DHS estimates that the average number of individuals on supervised release will increase from 33 in 2012-13 to 38 in 2013-14 and 43 in 2014-15, with per person costs averaging \$86,700 in 2013-14 and \$88,200 in 2014-15.

Outpatient Competency Examination. Request \$109,000 in 2013-14 and \$133,000 in 2014-15 to reflect DHS estimates of the funding needed for outpatient competency examinations. Although DHS projects no change in the number of outpatient competency-to-stand-trial examinations from 2013 to 2015, examination costs are projected to increase by 1.7 percent annually. DHS contracts with a private vendor, currently Behavioral Consultants, Inc., to conduct outpatient examinations in jails or locked units of a facility. DHS estimates that the vendor will conduct 1,200 outpatient examinations each year at a cost of \$1,240 per examination in 2013-14, and at a cost of \$1,260 per examination in 2014-15.

Conditional Release. Request \$102,000 in 2013-14 and \$241,800 in 2014-15 to reflect reestimates of the cost of contracting with the Department of Corrections to supervise individuals who have been conditionally released from the state Mental Health Institutes. This reestimate reflects population growth and projected per client cost increases of 1.7 percent annually. DHS estimates that the average daily population (ADP) of individuals on conditional release will be 292 in 2013-14 and 298 in 2014-15, at an annual cost of \$13,700 per person in 2013-14 and \$13,900 per person in 2014-15.

Restoration to Competency. Request \$45,300 in 2013-14 and \$66,200 in 2014-15 to reflect reestimates of the cost of contracting with Behavioral Consultants, Inc. to provide outpatient restoration to competency services. This reestimate reflects per client cost increases of 1.7 percent annually. DHS estimates that 61 individuals will receive outpatient treatment in 2013-14 at an annual cost per individual of \$7,300 and 63 individuals will receive services in 2014-15 at an annual cost per individual of \$7,400.

Other Corrections Contract Costs. Request decreases of \$162,300 in 2013-14 and \$146,600 in 2014-15 to reflect reestimates of the costs of other services provided by the Department of Corrections, including contract supervision, escort transportation, and rental of GPS equipment. This reestimate reflects lower-than-expected costs compared to the 2011-13 budget estimates.

4. SUPPLEMENTAL SECURITY INCOME BENEFIT PAYMENTS

| | |
|-------|------------------|
| GPR | \$8,779,200 |
| PR | <u>4,911,600</u> |
| Total | \$13,690,800 |

Request \$5,636,800 (\$3,181,000 GPR and \$2,455,800 PR) in 2013-14 and \$8,054,000 (\$5,598,200 GPR and \$2,455,800 PR) in 2014-15 to fund projected increases in supplemental security income (SSI) state benefit payments and caretaker supplement benefit payments. SSI provides federal and GPR-funded benefits to low-income residents who are elderly, blind, or disabled. Recipients with dependent children may also receive a caretaker supplement, funded by federal temporary assistance to needy families (TANF) funds transferred as program revenue from the Department of Children and Families (DCF).

SSI State Supplement Benefits. Request \$3,181,000 GPR in 2013-14 and \$5,598,200 GPR in 2014-15 to fully fund projected costs of state supplemental SSI benefits. Base funding for these payments is \$146,868,700 GPR, which is budgeted in a sum sufficient appropriation. In May, 2012, approximately 115,000 individuals received state supplemental payments, including the basic supplement (\$83.78 per month for single individuals) and the exceptional expense benefit (\$95.99 per month for single individuals). Under the DHS request, a total of \$149,190,200 GPR in 2013-14 and \$151,607,400 GPR in 2014-15 would be budgeted for these payments. The total amount includes the base budget, the funding requested under this item, and a funding adjustment to correct an error in Act 32 (which is summarized under the "Funding and Position Transfers" item).

SSI Caretaker Supplement. Request \$2,455,800 PR annually to fully fund projected costs of SSI caretaker supplement benefit payments. DHS provides SSI recipients with a monthly payment of \$250 for the first dependent child and \$150 for each additional dependent child. Base TANF funding for the caretaker supplement is \$29,561,900. DHS projects that caretaker supplement benefit payments will total \$32,017,700 PR in each year of the 2013-15 biennium.

In addition to funding for SSI caretaker supplement payments, DCF transfers \$1,670,300 PR annually to support costs of administering caretaker supplement payments. The DHS budget request does not include a change in base funding for this purpose.

5. WISCONSIN CHRONIC DISEASE PROGRAM

| | |
|-------|----------------|
| GPR | - \$854,400 |
| PR | <u>431,200</u> |
| Total | - \$423,200 |

Request a decrease of \$411,200 (-\$621,800 GPR and \$210,600 PR) in 2013-14 and a decrease of \$12,000 (-\$232,600 GPR and \$220,600 PR) in 2014-15 to fund the estimated costs of the Wisconsin Chronic Disease Program (WCDP).

The WCDP reimburses health care providers for services and drugs provided to people with chronic renal disease, adult cystic fibrosis, or hemophilia. The program is funded by GPR and PR (rebate revenue the state receives from drug manufacturers), and is the payer of last resort.. Base funding for the program is \$5,505,600 GPR and \$389,400 PR. DHS anticipates that, in each year of the biennium, GPR costs will be less than the base budget (\$4,883,800 in 2013-14 and \$5,273,000 in 2014-15) and PR costs will exceed base funding from this source (\$600,000 in 2013-14 and \$610,000 in 2014-15).

Departmentwide

1. STANDARD BUDGET ADJUSTMENTS

Request a reduction of \$9,773,500 (-\$1,789,200 GPR, -\$3,029,100 FED, -\$4,957,000 PR, and \$1,800 SEG) in 2013-14, and a reduction of \$9,584,500 (-\$1,717,200 GPR, -\$2,950,400 FED, -\$4,919,000 PR, and \$2,100 SEG) in 2014-15 to reflect the following standard budget adjustments: (a) turnover reduction (-\$822,200 GPR, -\$1,602,300 FED, -\$433,900 PR, and -\$6,000 SEG annually); (b) full funding of continuing salaries and fringe benefits (-\$6,020,300 GPR, -\$1,413,100 FED, -\$11,135,800 PR, and \$2,500 SEG annually); (c) overtime (\$2,024,300 GPR and \$4,291,500 PR); (d) night and weekend salary differential (\$1,993,000 GPR, \$105,600 FED, and \$2,527,500 PR in 2013-14, and \$1,993,100 GPR, \$105,600 FED, and \$2,527,500 PR in 2014-15); and (e) full funding of lease and directed move costs (\$1,036,000 GPR, -\$119,300 FED, -\$206,300 PR, and \$5,300 SEG in 2013-14, and \$1,107,900 GPR, -\$40,600 FED, -\$168,300 PR, and \$5,600 SEG in 2014-15).

| | |
|-------|----------------|
| GPR | - \$3,506,400 |
| FED | - 5,979,500 |
| PR | - 9,876,000 |
| SEG | <u>3,900</u> |
| Total | - \$19,358,000 |

2. FUNDING AND POSITION TRANSFERS

Request \$63,400 (\$543,600 FED and -\$480,200 PR) annually and 0.00 positions (-0.50 GPR position, 7.63 FED positions, and -7.13 PR positions), beginning in 2013-14 to reflect the reallocation of vacant positions to high priority projects, the transfer of positions and funding between appropriations to correct errors in 2011 Act 32 (the biennial budget act), and to more accurately align funding and positions in the Division of Public Health and the Wisconsin Resource Center.. These changes include the following: (a) the transfer of \$3,516,900 GPR and 36.00 GPR positions from the Wisconsin Resource Center to the Sand Ridge Secure Treatment Center; (b) the reallocation of 8.70 FTE positions in the Division of Public Health to reflect actual time positions spend on certain projects; (c) the transfer of \$859,500 GPR from the appropriation that supports SSI state benefits payments to the appropriation that supports SSI state administration costs to correct an error in Act 32; (d) the transfer of 6.5 FTE (all funds) positions from, the Division of Health Care Access and Accountability to the Division of Enterprise Services; and (e) other transfers of positions and funding in various DHS appropriations.

| | Funding | Positions |
|-------|------------------|---------------|
| GPR | \$0 | - 0.50 |
| FED | 1,087,200 | 7.63 |
| PR | <u>- 960,400</u> | <u>- 7.13</u> |
| Total | \$126,800 | 0.00 |

3. CONVERT CONTRACTED STAFF TO STATE POSITIONS

Request a decrease of \$92,200 (-\$44,400 GPR and -\$47,800 FED) in 2013-14 and a decrease of \$410,500 (-\$201,100 GPR and -\$209,400 FED) in 2014-15 to reflect the net cost savings of converting 20.75 contracted staff that are currently employed by HP Enterprises (HP), to state positions (10.38 GPR positions and 10.37 FED positions), beginning in 2013-14.

| | Funding | Positions |
|-------|------------------|--------------|
| GPR | - \$245,500 | 10.38 |
| FED | <u>- 257,200</u> | <u>10.37</u> |
| Total | - \$502,700 | 20.75 |

This item includes the conversion of: (a) 7.0 FTE positions that administer estate recovery for the MA, community options, and Wisconsin chronic disease programs; (b) 4.0 FTE positions that analyze and implement MA program changes that are intended to reduce costs; (c) 3.0 FTE positions that work on information technology user acceptance testing; (d) 1.0 FTE position that provides local area network support; (e) 5.0 FTE position the administration of pay-for-performance, conduct managed care compliance monitoring, and provide liaison services (f) 0.5 FTE position that conducts quality control activities to ensure that Wisconsin's FoodShare program meets federal Supplemental Nutrition Assistance Program (SNAP) standards; and (g) 0.25 FTE dental consultant position. The incumbent contracted staff would be required to enter a competitive recruitment for the new positions.

4. FEDERAL REVENUE REESTIMATES

| | |
|-----|--------------|
| FED | \$44,956,900 |
|-----|--------------|

Request \$22,143,000 in 2013-14 and \$22,813,900 in 2014-15 to reflect the net effect of funding adjustments to federal appropriations. The following table shows the base funding amount for each appropriation affected by this item, the funding change requested under this item, the net funding changes DHS has requested to these appropriations under other items, and the total amounts DHS would be budgeted in these FED appropriations under the DHS budget request.

| | | 2013-14 | | | 2014-15 | | |
|--|--------------|--------------|----------|--------------|--------------|------------|--------------|
| | 2012-13 | Funding | Other | Total | Funding | Other | Total |
| | Base | Change | Agency | | Change | Agency | |
| | | | Requests | | | Requests | |
| Public Health | | | | | | | |
| Project Aids | \$60,381,100 | -\$5,860,700 | \$0 | \$54,520,400 | -\$4,015,600 | \$0 | \$56,365,500 |
| Preventive Health Block Grant | 1,772,800 | -306,700 | 133,600 | 1,599,700 | -306,700 | 133,600 | 1,599,700 |
| Health Care Access and Accountability | | | | | | | |
| Disability Determination | 23,276,300 | 0 | -153,600 | 23,122,700 | 819,500 | -153,600 | 23,942,200 |
| Project Operations | 1,254,600 | 500,000 | 0 | 1,754,600 | 500,000 | 0 | 1,754,600 |
| Project Aids | 1,000,000 | 1,700,000 | 0 | 2,700,000 | 1,700,000 | 0 | 2,700,000 |
| MA and FoodShare Contracts | 69,866,300 | 24,967,000 | -833,300 | 94,000,000 | 25,875,600 | -1,741,900 | 94,000,000 |
| Mental Health and Substance Abuse | | | | | | | |
| Mental Health Block Grant | 5,616,300 | 298,700 | 600 | 5,915,600 | 298,700 | 600 | 5,915,600 |
| Substance Abuse Block Grant | 22,042,600 | 3,681,400 | 0 | 25,724,000 | 3,681,400 | 0 | 25,724,000 |
| Project Operations | 750,000 | -478,900 | -123,900 | 147,200 | -489,700 | -123,900 | 136,400 |
| Project Aids | 8,500,000 | -4,764,700 | 0 | 3,735,300 | -7,562,700 | 0 | 937,300 |
| Block Grant - Local Assistance | 1,826,500 | 273,900 | 0 | 2,100,400 | 273,900 | 0 | 2,100,400 |
| Quality Assurance | | | | | | | |
| Project Operations | 815,800 | -815,800 | 0 | 0 | -815,800 | 0 | 0 |
| Social Services Block Grant | 11,700 | -11,700 | 0 | 0 | -11,700 | 0 | 0 |
| Long-term Care | | | | | | | |
| Project Aids | 3,645,600 | 2,154,400 | 0 | 5,800,000 | 2,154,400 | 0 | 5,800,000 |
| Social Services Block Grant | 22,639,800 | 8,400 | 0 | 22,648,200 | -85,100 | 0 | 22,554,700 |
| Local Assistance | 6,762,300 | 797,700 | 0 | 7,560,000 | 797,700 | 0 | 7,560,000 |
| Total | | \$22,143,000 | | | \$22,813,900 | | |

5. PROGRAM REVENUE REESTIMATES

| | |
|----|--------------|
| PR | \$39,882,700 |
|----|--------------|

Request \$18,941,400 in 2013-14 and \$20,941,300 in 2014-15 to reflect the net effect of funding adjustments to program revenue appropriations. The following table shows the base funding amount for each appropriation affected by this item, the funding change requested under this item, the net funding changes DHS requested to these appropriations under other items, and the total amounts DHS would be budgeted in these PR appropriations under the DHS budget request.

| | | <u>2013-14</u> | | | <u>2014-15</u> | | |
|--|----------------|----------------|-----------------|--------------|----------------|-----------------|--------------|
| | <u>2012-13</u> | <u>Funding</u> | <u>Other</u> | <u>Total</u> | <u>Funding</u> | <u>Other</u> | <u>Total</u> |
| | <u>Base</u> | <u>Change</u> | <u>Agency</u> | | <u>Change</u> | <u>Agency</u> | |
| | | | <u>Requests</u> | | | <u>Requests</u> | |
| Public Health | | | | | | | |
| Health Care Information | \$1,207,200 | \$353,300 | \$31,300 | \$1,591,800 | \$353,200 | \$31,300 | \$1,591,700 |
| Institutions | | | | | | | |
| Interagency and intra-agency programs | 7,299,300 | 1,700,000 | -448,500 | 8,550,800 | 1,700,000 | -448,500 | 8,550,800 |
| Health Care Access and Accountability | | | | | | | |
| Medicaid Refunds and Collections | 0 | 39,000,000 | 0 | 39,000,000 | 41,000,000 | 0 | 41,000,000 |
| Gifts and Grants | 27,115,800 | -24,000,000 | 0 | 3,115,800 | -24,000,000 | 0 | 3,115,800 |
| Interagency and intra-agency programs | 3,069,100 | 1,882,900 | -124,900 | 4,827,100 | 1,882,900 | -124,900 | 4,827,100 |
| Community Options Program - Family Care Recovery of Costs | 79,200 | 100,400 | 15,700 | 195,300 | 100,400 | 15,700 | 195,300 |
| Mental Health and Substance Abuse | | | | | | | |
| Gifts and Grants | 237,100 | 44,400 | -7,500 | 274,000 | 44,400 | -7,500 | 274,000 |
| Quality Assurance | | | | | | | |
| Interagency and intra-agency aids | 413,700 | -413,700 | 0 | 0 | -413,700 | 0 | 0 |
| Long-term Care | | | | | | | |
| Children's Long-term Support Waivers | 379,200 | <u>274,100</u> | 0 | 653,300 | <u>274,100</u> | 0 | 653,300 |
| Total | | \$18,941,400 | | | \$20,941,300 | | |